

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND

FILED ENTERED  
LOGGED RECEIVED

JUL 26 2024

AT BALTIMORE  
CLERK, U.S. DISTRICT COURT  
DISTRICT OF MARYLAND  
BY *KD* DEPUTY

*Tawon Howard* 2/2/1993  
Doc# 495-946 SID# 2682376 \*  
13800 McMullen Highway SW  
Cumberland, Maryland  
21502 \*

(Full name, date of birth, identification #, address of petitioner)

Plaintiff,

v. *Bernice Mace*

Case No.: \_\_\_\_\_  
(Leave blank. To be filled in by Court.)

*M.A.T Program* \*  
*Medical Assisted Treatment*

*Buprenorphine Program*  
*13800 McMullen Highway SW* \*  
*Cumberland, Md*  
*21502*

(Full name and address of respondent)

Defendant(s).

COMPLAINT

I. Previous Lawsuits

A. Have you filed other cases in state or federal court dealing with the same facts as in this case or against the same defendants?

YES ☐ NO ☒

B. If you answered YES, describe that case(s) in the spaces below.

1. Parties to the other case(s):

Plaintiff: \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court (if a federal court name the district; if a state court name the city or county):

\_\_\_\_\_

3. Case No.: \_\_\_\_\_
4. Date filed: \_\_\_\_\_
5. Name of judge that handled the case: \_\_\_\_\_
6. Disposition (won, dismissed, still pending, on appeal): \_\_\_\_\_
7. Date of Disposition: \_\_\_\_\_

## II. Administrative Proceedings

A. If you are a prisoner, did you file a grievance as required by the prison's administrative remedy procedures?

YES ☒ NO ☐

1. If you answered YES:

a. What was the result? Still pending

b. Did you appeal?

YES ☐ NO ☒

2. If you answered NO to either of the questions above, explain why: \_\_\_\_\_

## III. Statement of Claim

(Briefly state the facts of your case. Include dates, times, and places. Describe what each defendant did or how he/she is involved. If you are making a number of related claims, number and explain each claim in a separate paragraph.)

Dr. Bernice Mace is the head doctor for W.C.I MAT Program  
ON Friday, July 14, 2024, Dr. Mace expelled me from the program for assuming  
I was diverting medication. I was receiving twenty-four (24) milligrams  
and was instantly decreased to two (2) milligrams, which has made  
me very sick. I was never caught in possession of any medication,  
Paraphernalia, or Contraband.

→ See Attached

I have been taking this medication my entire incarceration which is a total of three (3) years. I was accepted into the M.A.T program November 2023. This medication is not something I want or crave. Its something that is needed to help my body function normally.

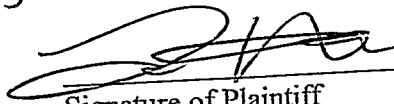
This medication is being used to punish inmates instead of rehabilitating them for re-entry of the community. This is Cruel and Unusual punishment and is in violation of many more laws.

IV. Relief

(State briefly what you want the Court to do for you.)

Uphold the law to the fullest extent.

SIGNED THIS 23 day of July, 2024.



Signature of Plaintiff

Taron Howard  
Printed Name

13800 McMullen Highway SW  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND

Tavon Howard 2-2-1993  
DOC# 495-946 SID# 2682376 \*

13800 McMullen Highway SW  
Cumberland, Maryland

21502 \*

(Full name, date of birth, identification #, address of petitioner)

Plaintiff,

v.

Case No.: \_\_\_\_\_  
(Leave blank. To be filled in by Court.)

Bernice Mace

M.A.T. Program

13800 McMullen Highway SW

Cumberland, Maryland 21502 \*

(Full name and address of defendant)

Defendant(s).

CERTIFICATE OF SERVICE

I hereby certify that on 23, July, 2024,  
a copy of 1983 Civil Lawsuit  
was mailed via first class mail, postage prepaid, to 101 W. Lombard street  
Baltimore, Md 21201

[Signature]  
Signature of Plaintiff

Tavon Howard  
Printed Name

13800 McMullen Highway, Cumberland, Md 21502  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address